

## CheckUp

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### *Coming Soon, to a Computer Near You...*

"And do you have any allergies?" the clerk inquired.

The exasperated patient had been counting the number of times he was asked the question. "For the fourteenth time, no," he grumbled.

It sounds like a small point, but to the patient, and extended throughout the scale of an individual's medical record, it's an example of the enormous inefficiency of paper records.

At the end of March, it's all going to change.

Right now, hospital departments and Information Services are putting the finishing touches on a year-long effort to make an extremely complex switch to electronic data storage. It will have far-reaching ramifications, all of them positive, for staff, physicians and most of all, patients.

What patients will get is much improved service in a lot of little ways that can be very meaningful. The gentleman being asked about allergies will only have to be asked once, because with the new system, the response is automatically posted in all the correct places.

Diets can change on very short notice, sometimes after the patient tray line has the paper order in hand. Medical alerts will notify staff of conflicting orders.

But on a far more serious note, PCMA can save precious time in crisis situations. An example is a woman with a specific medical condition discharged after the birth of a baby. Several months later, she's brought to Shock Trauma after an accident.

Under the present system, the immediate

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### *Gates Nearly Ready to Go at Employee Lots*

With all the gates installed, it won't be long before employee access to all parking areas will be controlled by identification badges.

E. Gerald Kresge, director, Security, anticipates that gates will be down and operational on Feb. 15 to appropriate parking areas.

He explains that each employee badge is encoded to open gates, and behind the scenes his department has been entering data on each badgeholder into the computer system that actually operates the gates. It means that access will be limited to specific lots, depending on shift assignments.

The concept of fully managed parking has been in effect at 17th & Chew for some time, and among the benefits of constant lot moni-

toring is the ability to continually fine-tune parking assignments for the convenience of hospital staff.

The parking lot arrangement at Cedar Crest & I-78 is not expected to change very much until the Morgan Cancer Center is completed in the fall. That's when the gravel lot at the west end of the site will cease to exist and the paved lots, now well-defined, will absorb the volume.

Kresge had praise for the efforts of lot attendants in helping staff and visitors adjust to the new system, particularly in directing employees to designated areas to maintain plenty of space for patients and visitors in lots closest to the hospital.



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## *Coming Soon, to a Computer Near You...*

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response must be based on "new patient" protocols until her medical records are retrieved from storage. That can take hours.

Under the new system, electronic records can be searched for her name, her full medical record is available in seconds, and appropriate action can be taken.

The difference is the technology available in computer systems being married to the technology throughout the hospital, and it largely means no one has to wait for a piece of paper with important information to move from diagnostic areas to units or units to pharmacy and food service.

Because lab results, for example, go directly onto the electronic record, they are instantly available for study by attending physicians. Additionally, it means the chart is no longer physically wedded to the patient, travelling with the patient to, say, Radiology. As the example goes, a physician may stop by to check the patient's record, but at present could not see it because it's off with the patient. With PCMA, the physician can review patient progress at any time, and not just on a specific unit. It could be from any terminal.

But not just anyone can take a look. An important part of the system is a means for allowing access to the patient record on varying levels, depending on need to know. For example, test results from clinical labs can be posted to the record, but the record can't be browsed.

One of the major challenges over the past year was to adapt a basic package from the vendor to the specific requirements of Lehigh Valley Hospital. Even then change was involved, because such familiar phrases as "STAT" have different connotations throughout the system.

Establishing common standards from different hospital sites, deciding exactly what was most functional for those who use the system, testing and then establishing training programs have made for a hectic year at Information Services.

And although an exact date hasn't been set, there will be a point around the end of March when patient record keeping changes in one swoop. The reason is straightforward: at some specific point, the entire computer system switches over. It can't be done halfway.

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## *Lingo: Some of the Common Terms You'll Hear*

There's a thicket of terminology surrounding the new computer technology to improve services involving patients. Here's a brief glossary:

PCMA — Patient Care, Management and Accounting. This involves clinical things like test results and observations, which is the C; admitting, room assignments and so on, which is the M; and financial matters, which is the A.

PHAMIS (sounds like "famous") — This is the vendor who received the contract to work with Lehigh Valley Hospital to establish the new PCMA system.

Lastword — The name of the software that's being used on the new computer, modified to

meet the hospital's precise requirements.

LAN and WAN — Local Area Network and Wide Area Network, which is how all the terminals are going to be hooked up to talk to each other. The difference is the size of the area covered. In more familiar terms, a local area network is every telephone extension in the hospital and a wide area network is every telephone in the 215 area code.

E-Mail — Through the personal computers, messages can be sent directly to someone else over an electronic network rather than by traditional interoffice mail. It's short for "electronic mail."



## Tackling the Tricky Issue of Surgery Schedules

It's one of the most complex and complicated issues for any hospital. But when more than 20,000 surgical procedures have to fit into 22 operating rooms each year, there's a very delicate balance between smooth operation and chaos.

Smooth functioning surgical services is a top priority at Lehigh Valley Hospital and the latest in a series of Futures projects to improve operations.

A revised surgery schedule is tentatively scheduled to go into effect in February, following months of study. The goal is maximum efficiency of OR resources and supplies and to increase patient, physician and staff satisfaction.

Scheduling surgery has, over the years, evolved into a patchwork system that often creates waiting for patients, surgeons and staff

And what complicates matters even more is that the hospital has ORs on two different sites and some physicians practice at all sites.

In managing surgical services, that's only the beginning.

Even with the most elegant schedule on paper, operating rooms must be cleaned and ready, the patient has to be ready, the surgical team ready, and the necessary supplies on hand — all at the right time. Anything that's not in place delays what's called "start time," and a delay for one procedure affects the next, compounding through the day and ultimately demolishing the delicate balance of scheduling.

There was a time when the answer would be just to create more OR space and staff, but that's an escape route that only serves to continue driving the cost of healthcare up and up.

Seeing an opportunity for improvement, Samuel R. Huston, president and CEO, used a team approach to seek out the best and most workable approach to the problem.

A team involving medical staff leadership and hospital administration began looking into root causes of difficulties and found shortcomings in several areas. A significant issue was "who's in charge" of the entire process. A governing board composed of the chairman of Surgery, chairman of Anesthesia, and senior vice president, Patient Care Services, evolved to manage surgical services.

Another corrective action team focused on scheduling needed by surgeons to complete their surgical cases. Information was collected in two ways: historical use by physicians and physician time preferences for block times. One group practice might, for example, prefer time on Monday and Wednesday mornings because of their office schedule. Another might want Thursday afternoons, and so on.

Allowances for urgent cases had to be built in,

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at the start of the day and runs long past the planned end of the day.

Bruce Gresh, director, Management Systems, points out that OR scheduling is an enormously complex business. It begins with capacity — that is, the total number of procedures to be done match with the available space, staff and equipment. But it gets complicated with grouping varied types of procedures, which involve highly specialized staff and equipment.

Adding to the challenge are time blocks for the groups of surgeons to do their work. Traditionally, doctors are given specific blocks of time in specific operating rooms based on trends of their caseloads.

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## *Tackling the Tricky Issue of Surgery Schedules*

and a system of scheduling control was established. The goal is for all OR cases to be scheduled by one central office staff. Currently Cedar Crest & I-78 main ORs and the Short Procedure Unit are centralized. Main ORs at 17th & Chew will be added shortly. A pilot program for "first case start" was tested with Short Procedure, and improvements were noted.

Future corrective action teams or pilot projects will focus on turnaround time including cleaning and setting up operating rooms for the next procedure, and supply usage with a goal of trimming cost through standardization.

In reviewing the approach to the Futures project, Gresh says it was a series of four basic steps: issues identification, development of a concept of what the future ought to be like, prioritizing issues, and setting up teams of people who understand the problem to work on solving the problem.

The surgical action design team included Huston, Paul E. Nurick, senior vice president;

Mary Kinneman, senior vice president; Walter Okunski, MD, acting chair, Surgery; William Frailey, MD, vice president, Medical Affairs; Alphonse Maffeo, MD, chair, Anesthesiology; Ramon Deeb, vice chair, Anesthesiology; Headley S. White, Jr., senior vice president, Medical and Academic Affairs; and other members of the medical staff.

The ultimate effect of the entire endeavor is better service to patients, improved relationships with physicians, staff and hospital and reduction in stress because their days are better organized.

As with any quality project, this example of Futures doesn't really ever end. As soon as the formal plan goes into action in the main operating rooms, continual monitoring will look for further improvements and adjustments. But like all good quality projects, the direction is to avoid the temptation of a quick fix or addition of one more patch to the quilt. Instead, the idea is to look for root causes and use a team approach to create permanent solutions.

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## *About Our People...*

A paper reporting on the incidence of hemorrhage following colonoscopic polypectomy at Lehigh Valley Hospital was recently accepted for publication by the journal *Diseases of the Colon and Rectum*. The study was authored by **Lester Rosen**, MD, division of Colorectal Surgery; **David Bub**, a medical student from New York University; **James Reed III**, PhD, director, Department of Research; and **Susan Nastasee**, surgical editor, Department of Surgery.

The institutional study analyzed 4,721 patients who underwent colonoscopy and polypectomy from 1987 to 1991 at the hospital and revealed a significantly low hemorrhage rate of 0.4 percent. The results compared favorably to 15 published studies that reported rates ranging from 0.3 percent to 6.1 percent with an

average of 1.9 percent.

**Jody Porter**, RN, BSN, was appointed perioperative administrator by the governing board for Surgical Services. Her appointment was part of a larger reorganization of Surgical Services to improve efficiency and enhance relationships. Reporting to Porter will be Perfusion, Short Procedure, main ORs at both sites, and other support staff.

**Dolores Benner**, MT(ASCP)SH, has been named supervisor of both Hematology and Coagulation by **David G. Beckwith**, PhD, administrator and clinical director, Health Network Laboratories. Additionally, **Marie Mingora**, MT(ASCP), will assume responsibilities of a technical specialist in Coagulation and Hemostasis.



## Major Speakers Highlight Conference Agenda

Scheduled for March 18 and 19 at the Holiday Inn, Bethlehem, *Spirit of Women 1993* will feature nationally known speakers and a wide variety of workshops on health, career and family issues. Initiated and coordinated by WomanCare, the event has been planned by representatives from more than 30 community organizations, agencies and businesses as well as individuals from throughout the region. Meridian Bank and the Dorothy Rider Pool Health Care Trust join WomanCare as major sponsors of the conference.

"The conference will be a celebration of women and their accomplishments," says Marie Shaw, director, WomanCare. "It will be a source of information and an opportunity for renewal and networking."

The event will be launched with a reception and dinner on March 18 featuring a keynote address by Pulitzer Prize-winning columnist, Ellen Goodman. In her popular syndicated newspaper column, Goodman touches the lives and hearts of her readers. Her articles focus on families, women's rights, relationships and other timely subjects.

The March 19 morning program will feature two keynote speakers. Frances Hesselbein, who is also serving as honorary chairperson of the event, will talk about the enormous demands of career and family. Between her role as president and chief executive officer of the Peter F. Drucker Foundation for Nonprofit Management, her service on multiple boards of directors and her regular trips to university campuses, she's rarely in her Easton-area home. Hesselbein's appearance is sponsored by Muhlenberg College.

Kicking off the afternoon session is Jayne Tear, a pioneer in the field of gender dynamics. A popular speaker and frequent guest on radio and television, Tear has trained thousands of men and women to recognize and use their natural differences to interact and communicate more effectively. Tear's appearance is sponsored by EWC-Business Women's Network of the Allentown-Lehigh Valley

Chamber of Commerce.

Friday's program will also feature 15 workshops. Participants will have the opportunity to choose from topics like: "Beauty Myths: Beware the Beasts"; "Enhancing Positive Values and Self-Esteem in Children"; "Balancing Intergenerational Needs: As Your Children and Your Parents Age"; "Sexual Harassment: Whose Fault is it, *Really?*"; "HIV/AIDS: Women at Risk"; "Life Evolving Choices: What Our Mothers Didn't Tell Us"; "Dual Career Couples: Balancing Work and Family"; and many more.

The cost of the program is \$35 for Thursday or Friday alone, and \$65 for both days (\$60 for senior adults, 55 or older, and students with identification). Dinner is included on Thursday, breakfast and lunch on Friday. Scholarships will be available for selected college students and women with economic need. For the latter, babysitting and transportation can be included.

"For any woman who's thought about taking a little time out just for herself, this is a great way to do it," Shaw sums up. "You can meet other women from all walks of life, get some questions answered and learn some positive skills. I think all of us will come away with a sense of being uplifted."

The program can accommodate 440 participants Thursday and 320 Friday, and Shaw recommends registering promptly. For more information or a registration form, call WomanCare at ext. ext. 3800.

### ***Research Proposals Due***

The Research Advisory Committee will meet to review clinical/epidemiological research proposals submitted by the medical and professional staff of Lehigh Valley Hospital on Feb. 23.

All proposals submitted by Feb. 5 will be reviewed at the Feb. 23 meeting. Further information and proposal guidelines may be obtained by contacting James F. Reed III, PhD, director, Research at ext. 8889.



## Geriatrics Network Sets Organizational Meeting

An organizational meeting of the Geriatrics Interest Network will be held at 11:45 a.m. Thursday, Feb. 11 in Classroom 3, Cedar Crest & I-78.

Among the items on the agenda are a review of accomplishments, review of charter, setting goals and objectives for 1993 and committee structural issues.

Additional information is available from Lisa Lacko, RN, clinical nurse specialist, Geriatrics, and Mary DeHaven, director, Prestige Health.

### *Spring Bazaar*

The Recreation Committee will hold its Spring Bazaar at Cedar Crest & I-78 lobby on April 1 and 2. Employees interested in participating should contact Sharon Bartz at ext. 8480. Space is on a first-come, first-serve basis.

### *Medigap Insurance Coverage*

A free presentation about changes in Medicare supplemental insurance coverage, commonly known as Medigap insurance, will be held at 7 p.m. on Tuesday, Jan. 26 in Classroom 1 at Cedar Crest & I-78. Sponsored by Prestige Health, the program features discussion of Medicare Parts A and B and the different Medigap plans by counselors from the American Association of Retired Persons. To register, call ext. 7370.

### *Auxiliary Balloon Sale*

Members of Lehigh Valley Hospital Auxiliary will again offer those special Valentine's Day balloons in a sale at the Cedar Crest & I-78 lobby on Feb. 12, 13 and 14.

Each helium-filled, transparent heart-shaped balloon contains a rose, creating an unusual Valentine gift.

The sale is one of a number of fund-raising activities the auxiliary hosts that benefit the hospital.

Joining other activities is film processing at the Tree Top Gift Shop, which began this week.

The auxiliary's premier event, May Daze, is being organized and will be held in its usual location in front of the hospital. Those interested in volunteering to help may contact Barbara Showalter (821-8391), Norma Coffman (433-1932) or Elayne Hasik (435-4692).

### *HRD Activities*

The next hospital orientation will begin at 8 a.m. at Cedar Crest & I-78 auditorium on Feb. 1 and an optional tour of both sites will be held on Feb. 3 beginning at 1 p.m. at 17th & Chew and 2:30 p.m. at Cedar Crest & I-78.

CPR recertification will be held in the 24 hour period beginning at 10 a.m. Wednesday, Jan. 27 in the Nursing Learning Laboratory, General Services Building, Cedar Crest & I-78.

CPR certification, for which pre-registration is required by calling ext. 2430, will be held in two parts and attendance is required for both. Both the March 4 and March 11 sessions will be held in Room 900, School of Nursing, 17th & Chew.

Stress and Burnout — Care for the Caregiver, will be offered on Feb. 10 from 9 to 11:30 a.m. in School of Nursing Room 902. Call ext. 2430 to register.

Coming in the Regional Symposium Series are *Update in Dermatology* on Feb. 11, *Urology Symposium: Current Concepts in the Management of BPH* on Feb. 27; and the *Fourth Annual Symposium on Infectious Diseases* on March 11. For additional information and registration, contact Human Resource Development at ext. 8322.

CheckUp is a biweekly employee publication of Lehigh Valley Hospital, Public Relations, 1243 S. Cedar Crest Blvd., Allentown, PA 18103. Interoffice mail submissions should be addressed to 1243SCC-PR. For additional information, call ext. 3007.

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## *Trimming Down, Round 2: Hanging In There*

The new year is just three weeks old, you've resolved to shed a few pounds, and you were one of many who called Health Promotion Program to ask for free materials to get started.

Now there's a huge cheesecake staring you in the face. It's courtesy of a co-worker, and everyone is encouraged to share in the fatty feast.

Maybe you had a real rough day on the job, and in spite of plans for a nice healthy salad, the lovely words "big gooey pizza" are rattling in your mind.

Or perhaps you went to a birthday party last night and the eager host placed too much temptation under your nose. You dove right in, ate too much, and today you're morose. Your diet has collapsed.

Not with this program. Rule number one is that dieting (or "getting in shape," depending on your gender) is supposed to be without stress.

### *If you fell off the wagon...*

First of all, no one's perfect. Just because you overdid it once doesn't mean you have to give up. Climb right back on the wagon, take a walk, and pick up right where you left off. Don't promise yourself that you'll never do that again. Keep the goals short term and realistic. Promise that you won't do it again this week.

Use your *Healthy Dividends* booklet to cut back a little further on total fat intake if it helps make you feel better. Next time, try a little exercise before you go to the party. That should boost your self-esteem and encourage restraint. And, your goal for the next great party is to accept the fact that you're going to have a good time and lighten up the fat intake a bit for several days beforehand.

### *If daily stress got to you...*

Recognize it for what it is and look for other ways to unwind. If your hand hasn't gotten

into the sack of potato chips yet, assault an apple instead. The answer to your stress is not in excessive eating, it's in better mind management.

One real good way to relieve stress is physical exercise, and even the non-aerobic kind can do the trick. But if you refuse to let stress get to your waistline, and go for a brisk walk instead, you'll find it's a lot easier to resist temptation.

For those who have a rough time with stress, Health Promotion Program will hold its free "Learn How to Relax" session on Jan. 27 from 7 to 8:30 p.m. It's open to everyone, and registration is by calling 821-2150.

### *It's hard to just say no...*

A friend, co-worker or family member may have been well-meaning, but the treats are just loaded with the stuff that wrecks a weight management effort. This is especially true during holiday periods. How many goodies tempted you between mid-November and Jan. 2?

The answer is simple: be polite, take a small serving, and be appreciative. You don't have to show your appreciation by eating the entire platter. If the provider is hurt by your decline of seconds, simply say you're watching your weight.

Then there's the "friend" who gives you five pounds of chocolates, which may be near and dear to your heart. Now it's your turn to be a friend. Enjoy a piece or two, then give the rest of the box to your co-workers.

Finally, there are saboteurs, who for whatever reason are not about to let you get away with becoming fit. This takes considerably more will power, but you have to recognize their motives and just say no.

### *Making Progress*

It's possible that if you've been successful so far in establishing better eating habits and a reasonable exercise effort that you might

**Continued**



## *Trimming Down, Round 2: Hanging In There*

already be noticing a looser fit in your clothing, but not necessarily a loss in weight.

That's because exercise has been toning up muscles, and muscles weigh more than the fat you may have already lost. Peek if you want, but don't pay much attention to the scale.

On the other hand, you might be feeling more energetic, a consequence of good diet and exercise. Among the rewards of weight management is more zip in your step and a better attitude about yourself. Behavior change is more long term because of something you are doing rather than something you are not doing.

Among the key things to do are to keep realistic goals. Instead of saying "I ought to lose 10 pounds," say, "I plan to lose a pound a week." If it hasn't been a good week, you can try again.

On the long-term side, though, several things are going to happen. If you hold your fat intake down to recommended levels and get good exercise, no matter how overweight you are, you stand a good chance of drifting down to a correct body weight for yourself. It'll start slow, pick up steam, then gently taper off as you get close to proper weight.

### *More About Exercise*

Last time, everyone was encouraged to take a "brisk" 20-minute walk. But what's "brisk" for some might be a stroll to others. By now, everyone who asked for information has also received *The Rockport Guide to Fitness Walking* to help you tailor a good pace for yourself. Anyone else who would like a free copy should contact Health Promotion Program at 821-2150.

Also provided was information relating to just how easy aerobic exercise can be. The purpose is to get heart rate up to a reasonable level and maintain that level for a period of time. This can vary with individuals, and, as usual, anyone who suspects there might be medical concerns should discuss it with a physician first.

Once you've set your pace at walking, your body will burn calories in the form of muscle tissue blood glucose for the first 20 minutes or so, which is the prescribed length of the walk. To replace the lost storehouse, your body goes hunting for its fat reserves. Once past 20 minutes, your body begins digging into body fat. While the exact rates vary a lot, the concept is the same: you can lose weight with a 20-minute walk, and you can lose even more weight with a longer walk. Just keep the same pace.

There's an important long term side benefit to all of this. When you get regular, aerobic exercise, your body produces higher levels of HDL cholesterol — the good guys — who do a fine job of clearing LDL cholesterol — the bad guys — out of your bloodstream. That improves overall cardiac health and helps reduce the risk of heart attacks. By reducing fat intake, you only help this important cause.

### *For the Next Two Weeks*

Continue good dietary management by holding fat intake to proper levels. If you are a person who snacks, bring your own carrot or celery sticks and a tasty dip made from no-fat sour cream. Don't eat without thinking. (If you work in a clinical area, remember that it's now a violation of OSHA regulations to have food wherever there may be exposure to patients or specimens; keep the treats in the lounge and away from temptation.)

Review *The Rockport Guide to Fitness Walking* and tune up your walking program for maximum effect with minimal effort. If you're comfortable with a good pace for 20 minutes, you might want to add five or ten minutes to the walk. But do take at least three 20-minute walks each week.

Review stress levels. Under stress, you can easily be eating too much. Exercise helps reduce stress, but other programs, like "Learn How to Relax" can help you manage better, and that can help you lose weight.